|  |  |
| --- | --- |
| Name: | Last 4 SSN: |
| Release Date: | DOB: |

Best Phone Number:

Have you applied for early release?

As of right now, who is picking you up the day you get out?

1. Is this person in recovery?

Support Contacts

|  |  |  |
| --- | --- | --- |
| Name | Phone Number | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |

# Mental Health

Mental Health Agency/Case Manager:

Personal Mental Health Goals:

1.

* 1. What do you need to achieve this goal?
  2. When will you achieve this goal? 2.

1. What do you need to achieve this goal?
2. When will you achieve this goal?

# Recovery

Are you scheduled to receive Vivitrol Pre-Release? Yes No

Treatment Provider/Case Manager:

Personal Recovery Goals:

1.

1. What do you need to achieve this goal?
2. When will you achieve this goal?

2.

# Justice Involvement

1. Will you be on probation when you’re released?
   1. If yes:
      1. What County or Counties will your probation be in?
      2. Is it Misdemeanor, Felony, or both?
      3. What is your Probation Officer’s Name?
      4. What are you required to do for Probation? (Treatment, drug screening, counseling, work etc.)?
2. Do you want referred to a CIT Officer in the community?
   1. If yes, who would you prefer to be linked with?

# Peer to Peer Support

1. Do you want to be paired with a peer supporter?
   1. If yes, is there a person you would prefer to be paired with?
2. What are you hoping to gain from a peer supporter?

Peer Support Goals

1. What are you hoping to gain from a peer supporter
   1. What do you need to achieve this goal?
   2. When will you achieve this goal?

**Education**

1. What’s the highest grade level you’ve completed?

Education Goals

1.

# Employment

Employment Goals

1.

* 1. What do you need to achieve this goal?
  2. When will you achieve this goal?

2.

1. What do you need to achieve this goal?
2. When will you achieve this goal?

# Housing

Housing Goals

1.

1. What do you need to achieve this goal?
2. When will you achieve this goal?

2.

1. What do you need to achieve this goal?
2. When will you achieve this goal?

# Family

1. Do you have any children?
   1. If yes, do you currently have an open case with Children services?
   2. If yes, do you have custody of any of your children?
   3. If yes, will you be expected to return to full time parenting upon release?

Family Goals

1.

* + 1. What do you need to achieve this goal?
    2. When will you achieve this goal?

2.

1. What do you need to achieve this goal?
2. When will you achieve this goal?

# Resources

Please put an “X” by any resource you might need upon release.

ID Clothing

Birth Certificate Personal Hygiene Items

Social Security Card Job & Family Services (Insurance, food assistance, etc.)

Cell Phone Bus Passes

Housing

Narcon

# Pathways For Men Office Hours

## Located at 1991 Bryden Road Columbus, OH 43205

Monday - FCCII Tuesday Wednesday - FCCII Thursday

Friday

\*\*\*Pathways Staff Provide Saturday Group Information & Office Hours\*\*\*

# Schedule

Pathways Check- In appointment:

Based on the goals you wrote above, please write out your schedule for the first 5 days

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day of Release (1)** | **Day 2** | **Day 3** | **Day 4** | **Day 5** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Signature Date

**Staff Signature Date**